

MEDICARE



HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

JANE DOE

MEDICARE CLAIM NUMBER

000-00-0000-A

SEX

FEMALE

IS ENTITLED TO

**HOSPITAL (PART A)
MEDICAL (PART B)**

EFFECTIVE DATE

**07-01-1986
07-01-1986**

SIGN
HERE →

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under **Medicare**.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.



**Centers for Medicare &
Medicaid Services**
Baltimore, MD 21244-1850
Form CMS-1966 (01/2002)

If you have questions
about Medicare,
call **1-800-MEDICARE**
(1-800-633-4227;
TTY/TDD: 1-877-486-2048)
or visit us at
www.medicare.gov.